



Missouri Department of Agriculture Organic Program Organic Handling System Plan

This form should be completed by MDA certified organic handlers to satisfy requirements of NOP 205.201 to develop an Organic Handling System Plan. Use additional sheets if necessary. Attach labels from ingredients, processing aids, sanitation and pest management inputs, and any other records required to verify NOP compliance. A processing flow chart must accompany this Organic System Plan before application for certification will be reviewed.

SECTION 1: GENERAL INFORMATION

NOP Rule 205.406(a)(2) and 205.401(b)

Contact Name				For Office Use Only		
				Date Received	Date Reviewed	
Business Name				Reviewed by	Certification Status	
				Certification Number	Year First Certified	
Mailing Address				Phone		
City	State	County	Zip Code	Secondary Phone		
Type of Handling Operation				FAX		
				E-mail		
List Your Current Organic Certification Agent(s)				Type(s) of Organic Certification	Date First Certified	
Have You Ever Been Denied Certification?					<input type="checkbox"/> yes	<input type="checkbox"/> no
If yes, List year and describe the reasons for denial. Attach documentation of corrective actions. <div style="height: 40px; border: 1px solid black;"></div>						

Preferred Season, Dates and Time for Inspection Visit:

SECTION 2: MINOR NON-COMPLIANCES

NOP Rule 205.406(a)(3)

Did you have any minor non-compliance(s) issued on last year's certification?	<input type="checkbox"/> yes	<input type="checkbox"/> no
If yes, complete the following table. List each minor non-compliance(s) and action(s) taken to correct the non-compliance(s). Use additional sheets if necessary.		

Minor Non-Compliance(s)	Steps taken to correct the minor non-compliance(s).	
Do you Custom-Process Organic Products for Other Business(es)		<input type="checkbox"/> yes <input type="checkbox"/> no
If yes, List all Business Names (Attach separate sheets, if necessary.)	List Business Addresses.	
SECTION 3: ORGANIC INTEGRITY: Preventing Commingling or Contamination NOP Rule 205.272		
Do your employees receive REGULAR organic training?		<input type="checkbox"/> yes <input type="checkbox"/> no
If "Yes," how often is the training given?		
Do you conduct internal audits of organic awareness?		<input type="checkbox"/> yes <input type="checkbox"/> no
If "Yes," name of quality assurance person, or other designee, responsible for internal audits.		
Name of person responsible for maintenance of processing plant and equipment.		
Name of process supervisor(s), or other designee, responsible for maintaining organic integrity while running product.		
Name of sanitation supervisor, or other designee.		
A. Harvesting and Transport of Ingredients to Processing Plant.		
Are you responsible for harvesting/transporting the organic ingredients to processing plant? (If 'No,' do not complete this section.)		<input type="checkbox"/> yes <input type="checkbox"/> no
How do you harvest and transport the ingredients to processing plant? (Check all that apply.)		

Enclosed clean and sanitized containers.	<input type="checkbox"/> yes	<input type="checkbox"/> no
Open bulk bins/containers.	<input type="checkbox"/> yes	<input type="checkbox"/> no
Bulk trucks/rail cars.	<input type="checkbox"/> yes	<input type="checkbox"/> no
What measures are taken to protect the integrity of the organic products during the harvesting and transport? (Check all that apply.)		
Use new or designated organic containers.	<input type="checkbox"/> yes	<input type="checkbox"/> no
Rinse after sanitizing containers to prevent contamination.	<input type="checkbox"/> yes	<input type="checkbox"/> no
Cover containers to protect from contamination.	<input type="checkbox"/> yes	<input type="checkbox"/> no
Vacumn/sweep bulk trucks and/or rail cars.	<input type="checkbox"/> yes	<input type="checkbox"/> no
Maintain clean transport affidavits.	<input type="checkbox"/> yes	<input type="checkbox"/> no
B. Receiving Area		
Does this facility receive both organic and non-organic products? (If 'No,' do not complete this section.)	<input type="checkbox"/> yes	<input type="checkbox"/> no
If "Yes," describe procedures to prevent co-mingling of organic product with non-organic products or contamination with prohibited substances.		
Do you maintain records upon receipt of organic ingredients or products into your facility?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Do you receive bulk ingredients/inputs or product?	<input type="checkbox"/> yes	<input type="checkbox"/> no
If "Yes", are organic bulk bins/storage area clearly designated as organic?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Is receiving equipment in good repair?	<input type="checkbox"/> yes	<input type="checkbox"/> no
If "No," describe procedures to prevent contamination of organic product from prohibited substances.		
C. Processing Area		
What processing system does your facility use?		

Does this facility process both organic and non-organic products? If ‘No,’ do not complete this section)		<input type="checkbox"/> yes	<input type="checkbox"/> no
Rate your procedures for preventing commingling of organic and non-organic product during processing products.	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
If “Yes,” describe procedures to prevent co-mingling of organic ingredients/products with non-organic products. (Check all that apply.)			
Designate day’s first run of products to be organic.	<input type="checkbox"/> yes	<input type="checkbox"/> no	
Designated lines for organic products.	<input type="checkbox"/> yes	<input type="checkbox"/> no	
Established flush out/clean-out procedures between runs of non-organic and organic product.	<input type="checkbox"/> yes	<input type="checkbox"/> no	
Responsible person to ensure product is removed from processing lines between runs.	<input type="checkbox"/> yes	<input type="checkbox"/> no	
Other: (list)	<input type="checkbox"/> yes	<input type="checkbox"/> no	
Do you maintain a re-work area?	<input type="checkbox"/> yes	<input type="checkbox"/> no	
Describe procedures to prevent organic and non-organic products from commingling in re-work.			
Describe procedures to prevent contamination of organic ingredients/products with prohibited substances.			
Rate your procedures for preventing contamination of organic products with prohibited substances.	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Describe condition of processing equipment.	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Rate the physical conditions of your processing plant.	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
Describe procedures to prevent contamination of organic product with prohibited substances from poorly maintained equipment and processing plant.			
Is there a chance that water condensation from walls or ceiling could contaminate the organic product?	<input type="checkbox"/> yes	<input type="checkbox"/> no	
Is there a chance that debris, building materials, or any other substance from walls or ceiling could contaminate the organic product?	<input type="checkbox"/> yes	<input type="checkbox"/> no	
Is there a chance that grease, oils, or other materials from the processing equipment could contaminate the organic product?	<input type="checkbox"/> yes	<input type="checkbox"/> no	
Other sources of possible contamination? (List)	<input type="checkbox"/> yes	<input type="checkbox"/> no	

Do you use water in the processing of organic food products?		<input type="checkbox"/> yes	<input type="checkbox"/> no
If “yes,” do you have current water tests to verify potability of water? Date of last test.		<input type="checkbox"/> yes	<input type="checkbox"/> no
Is chlorine used in wash water or flume water?		<input type="checkbox"/> yes	<input type="checkbox"/> no
If “yes,” what test(s) do you use to verify levels of chlorine are maintained at Safe Drinking Water Levels (50 PPM) at flume discharge?			
Do you use culinary steam or a boiler in the processing of organic products?		<input type="checkbox"/> yes	<input type="checkbox"/> no
If steam, is there direct contact of organic products with the steam?		<input type="checkbox"/> yes	<input type="checkbox"/> no
If “yes, what preventative measures are used to prevent contamination with prohibited substances?			
Steam filters		<input type="checkbox"/> yes	<input type="checkbox"/> no
Condensation traps		<input type="checkbox"/> yes	<input type="checkbox"/> no
Covers for organic product		<input type="checkbox"/> yes	<input type="checkbox"/> no
Other (list)		<input type="checkbox"/> yes	<input type="checkbox"/> no
If boiler, could the boiler additives contaminate the organic product?		<input type="checkbox"/> yes	<input type="checkbox"/> no
If “yes, what preventative measures are used to prevent contamination with prohibited substances?			
List all Boiler Additives used in production of organic products.			
Name of Additive	Manufacturer Name	Manufacturer Address	Preventative Measure to Prevent Contamination of Organic Product
Do you use processing aids to produce organic products?		<input type="checkbox"/> yes	<input type="checkbox"/> no
If “yes,” do you have documentation that the processing aids are non GMO-derived?		<input type="checkbox"/> yes	<input type="checkbox"/> no
If “yes,” have you verified that they are on the National List of allowed and prohibited substances in NOP, subpart G?		<input type="checkbox"/> yes	<input type="checkbox"/> no

List all Processing Aids used in production of organic products.						
Name	Manufacturer Name	Address	Product	Application and Use	“O”	Office Use Only
D. Packaging						
Do you package both organic (“O”) and non-organic (“N”) products at this facility? (If “no,” do not complete this section.)					<input type="checkbox"/> “O” only	<input type="checkbox"/> Both “O” and “N”
What types of packaging materials do you use? (Check all that apply.)					<input type="checkbox"/> yes	<input type="checkbox"/> no
Paper, Cardboard, Wood					<input type="checkbox"/> yes	<input type="checkbox"/> no
Glass, Metal					<input type="checkbox"/> yes	<input type="checkbox"/> no
Synthetic Fibers					<input type="checkbox"/> yes	<input type="checkbox"/> no
Plastic, Foil, Waxed Paper					<input type="checkbox"/> yes	<input type="checkbox"/> no
Are the organic and non-organic packaging stored in separate clearly designated areas to prevent co-mingling at time of processing?					<input type="checkbox"/> yes	<input type="checkbox"/> no
Are packaging materials free from contaminating materials?					<input type="checkbox"/> yes	<input type="checkbox"/> no
Is organic identity clearly marked on packaging and labeling?					<input type="checkbox"/> yes	<input type="checkbox"/> no
E. Storage Area						
Do you store organic product on-site or off-site, under handler’s management? If ‘No,’ do not complete this section)				<input type="checkbox"/> On-Site	<input type="checkbox"/> Off-Site	<input type="checkbox"/> Both
Are there clearly designated areas for storage of organic product?				<input type="checkbox"/> yes	<input type="checkbox"/> no	
If “no,” describe procedures to prevent commingling of organic and non-organic product in the storage area.						

Do you maintain storage inventory records for organic product?	<input type="checkbox"/> yes	<input type="checkbox"/> no
If “no,” describe the recall system to ensure recover of organic product.		
Do you utilize coolers/freezers as part of your storage system?	<input type="checkbox"/> yes	<input type="checkbox"/> no
If “yes,” describe temperature controls to prevent biological contamination from organic product.		
Do you store organic product on-site or off-site, but not under handler’s management? (If ‘No,’ do not complete this section)	<input type="checkbox"/> On-Site	<input type="checkbox"/> Off-Site <input type="checkbox"/> Both
If ‘yes,’ provide procedures to ensure organic integrity while stored under contracted storage management.		
F. Shipping.		
Do you maintain ownership of the organic product during shipping? (If “no,” do not complete this section.)	<input type="checkbox"/> yes	<input type="checkbox"/> no
If “yes,” do you have established clean transport procedures?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Do you maintain Clean Transport Affidavits?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Is the word “Organic,” and special handling instructions clearly designated on all shipping documents?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Is the production Lot Number on any non-retail shipping containers?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Are the product packages clearly labeled as “organic” per NOP 205.307 or 205.308?	<input type="checkbox"/> yes	<input type="checkbox"/> no
G. Sanitation.		
Does the facility have an Organic Sanitation SOP in place to prevent contamination of organic product?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Are sanitizing compounds and disinfectants on National List of approved substances?	<input type="checkbox"/> yes	<input type="checkbox"/> no
If “No,” is there an established rinsing procedure to ensure no contamination of the organic product?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Is there documentation of the rinsing procedures?	<input type="checkbox"/> yes	<input type="checkbox"/> no

List all disinfectants and sanitizers that are used in the processing facility.						
Name	Manufacturer Name	Address	Product	Application and Use	“O”	Office Use Only

SECTION 4: FACILITY PEST MANAGEMENT PROCEDURES.

NOP 205.271

Name of responsible person for pest management. (Name and Address, if contracted.)

Is there an organic pest management system plan, documenting steps to be taken to prevent, or eradicate pests?	<input type="checkbox"/> yes	<input type="checkbox"/> no
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List pest management controls utilized at processing facility. (Check all applicable controls.)

Physical means, including removal of pests habitats/food sources.	<input type="checkbox"/> yes	<input type="checkbox"/> no
Sealed doors/windows/air curtains	<input type="checkbox"/> yes	<input type="checkbox"/> no
Removing pests habitats/food sources	<input type="checkbox"/> yes	<input type="checkbox"/> no
Placing UV light or sound insectors in facility	<input type="checkbox"/> yes	<input type="checkbox"/> no
Mechanical means, including light, baits, sound.	<input type="checkbox"/> yes	<input type="checkbox"/> no
Pheromone traps, lures	<input type="checkbox"/> yes	<input type="checkbox"/> no
Synthetic or Non-synthetic means, using National List approved substances*	<input type="checkbox"/> yes	<input type="checkbox"/> no
Synthetic or Non-synthetic means, using National List Non-approved substances**	<input type="checkbox"/> yes	<input type="checkbox"/> no
* National List approved substances may be used when documented physical and mechanical means aren't effective. Document on file?	<input type="checkbox"/> yes	<input type="checkbox"/> no
** Non-approved substances may be used when all other measures fail. Handler must update the Organic System Plan (OSP) to include preventing contact of organic product. Updated OSP on file?	<input type="checkbox"/> yes	<input type="checkbox"/> no
** Non-approved substances may be used if mandated by Federal or State regulations require. Handler must update OSP to include preventing contact of organic product. Updated OSP on file?	<input type="checkbox"/> yes	<input type="checkbox"/> no

SECTION 5. LABELING AND MARKETING AS ORGANIC**NOP 205.300-205.309****A. Product Composition.**

Do all labels conform to organic formulations?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Do you have documentation that all organic products have not been formulated with GMO-derived ingredients, ingredients that have been produced with sewage sludge, or with ionizing radiation?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Do all ingredients, processing aids, additives, supplements, etc. adhere to the approved and prohibited substances, as published in the National List, Subpart G?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Have you formulated your final product without including salt or water as part of the total product weight?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Do all products that are labeled as “100% Organic” contain all organic ingredients, including any processing aids?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Do all products that are labeled as “Organic” contain at least 95% organic agricultural ingredients, including processing aids?	<input type="checkbox"/> yes	<input type="checkbox"/> no
On products labeled as “Organic,” are the remaining 5% ingredients composed of organically produced ingredients, or are from non-agricultural sources?	<input type="checkbox"/> yes	<input type="checkbox"/> no
If the remaining 5% of ingredients are not from organic sources, is there documentation that the ingredients are not commercially available?	<input type="checkbox"/> yes	<input type="checkbox"/> no
If the remaining 5% of ingredients are nonagricultural synthetic substances or non-organically agricultural products, are they consistent with the National List, Subpart G?	<input type="checkbox"/> yes	<input type="checkbox"/> no
If the product is labeled as “Made With Organic... Ingredients,” is there at least 70% organic ingredients in the total formula?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Does the “Made With Organic ...Ingredients” product list food group categories in the ingredient statement?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Do the food group categories contain ingredients that are consistent with NOP 205.304?	<input type="checkbox"/> yes	<input type="checkbox"/> no
If “yes,” are there more than three organic ingredients or food group categories listed in the ingredient statement?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Do products formulated with less than 70% organic ingredients only list the organic ingredients in the ingredient statement?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Are there procedures to ensure that products formulated with less than 70% organic ingredients do not display the USDA Organic seal?	<input type="checkbox"/> yes	<input type="checkbox"/> no

B. Product Formulation.

Formulas are kept confidential and exempt from public inspection and copying, pursuant to NOP 205.501(a); and MO Sunshine Law, Chapter 610.021 RSMO. (Closed Records Authorized.)

Complete this form for each individual organic product seeking certification. (Make copies of this form as needed.)

PRODUCT NAME: (as it appears on the label.) _____

List all ingredients (including Minor Ingredients) used in this product. Specify supplier, weight, and percentage of finished product. With a check, indicate certified organic (O), or non-organic (N).

Ingredient Name	Supplier Name	Weight of Ingredient	% of Finished Product	“O”	“N”	For Office Use Only

Weight of Organic Ingredients

Total Weight of Formula (Excluding water and Salt)

Percent of Organic Ingredients: (Weight/ Total Weight of Formula) * 100)=

C. The Finished Product is Formulated as: (Check One)

“100% Organic” Ingredients		70-95% “Made with Organic..” Ingredients	
95-100% “Organic” Ingredients		0-70% Organic Ingredients Only	

SECTION 6. RECORDKEEPING BY CERTIFIED OPERATIONS NOP Rule 205.103

(Complete Table below indicating which logs that you maintain.)

Do you have current Standard Operating Procedures?☐ yes ☐ no**Do you have a current Q.A. Monitoring Program?**☐ yes ☐ no**Recordkeeping Logs****Other Form of Monitoring****Name of Record-Keeping Form**☐ yes ☐ no☐ yes ☐ no

Clean Transport Affidavits

☐ yes ☐ no☐ yes ☐ no

Equipment Clean-Out Records

☐ yes ☐ no☐ yes ☐ no

Sanitation Records

☐ yes ☐ no☐ yes ☐ no

Pest Control Management Logs

☐ yes ☐ no☐ yes ☐ no

Quality Control (HACCP) Records

☐ yes ☐ no☐ yes ☐ no

Receiving Records

☐ yes ☐ no☐ yes ☐ no

Production Records

☐ yes ☐ no☐ yes ☐ no

Incoming Ingredients/ Processing Aids Records

☐ yes ☐ no☐ yes ☐ no

Ingredient Inventory Records

☐ yes ☐ no☐ yes ☐ no

Finished Products Inventory Records

☐ yes ☐ no☐ yes ☐ no

Processing Aid Inventory Records

☐ yes ☐ no☐ yes ☐ no

Bills Of Lading

☐ yes ☐ no☐ yes ☐ no

Scale Tickets

☐ yes ☐ no☐ yes ☐ no

Sales Invoices

☐ yes ☐ no☐ yes ☐ no

Purchase Orders

☐ yes ☐ no☐ yes ☐ no

Shipping Records

☐ yes ☐ no☐ yes ☐ no

Storage Records

Do you maintain a complaint log? ☐ yes ☐ noDo you have any complaints logged? ☐ yes ☐ no

If "yes," what actions were taken to address the complaints?

SECTION 7. AGREEMENT

I (We) Business Name(s) _____ state that everything submitted in this application is complete and true to the best of my (our) abilities; and that I (We) will fully comply with the NOP standards and with MO Rules for producing and handling organic foods and food products. (Reference: NOP:7 CFR Part 205-209; MO: 2CSR 70-16.)

Print Contact Name: _____

Title: _____

Signature: _____ Date: _____

I have attached the following documents:☐ Processing Flow Chart☐ Ingredients/Processing Aids/Sanitizing Compounds Labels☐ Non-GMO statements for Ingredients/Processing Aids, if applicable☐ Final Organic Product Labels☐ I have made copies of this questionnaire and other supporting documents for my own records.